



*AKSI STOP AIDS PROGRAM*  
*Cooperative Agreement No. 497-A-00-00-00038-00*



**Thirteenth Quarterly Report**  
**(October–December 2003)**

*Submitted : 31 January 2004*



*The STI/HIV/AIDS Prevention Support Program*  
*is a USAID- funded program*  
*managed by Family Health International in collaboration*  
*with*  
*the Directorate General of Communicable Disease*  
*Control and*  
*Environmental Health (P2M & PL),*  
*Ministry of Health, the Republic of Indonesia*

# TABLE OF CONTENTS

1.	Introduction	2
2.	Program Implementation and Achievements	2
	RP1: Increased Risk Reduction Behavior and Practices	
	1.1: Female Sex Worker Peer-led Interventions and Client Interventions	2
	1.2: Prevention Marketing	4
	1.3: Strategies Targeting MSM	4
	1.4: Strategies Targeting IDU	5
	1.5: Strategies Targeting People in Prisons	7
	1.6: Greater Involvement of People with AIDS	7
	RP2: Strengthened HIV and STI Services	9
	2.1: Improved STI Diagnosis and Treatment	8
	2.2: VCT, Care and Support	9
	RP3: Enhanced Capacity and Quality of Government of Indonesia HIV/STI Surveillance Systems and Their Use of Epidemiological Data in Key	11
	RP4: Strengthened Capacity of Local Organizations to Plan, Finance, Manage and Coordinate HIV/STI Responses	15
	RP5: Increased Leveraging of Non-Programmatic Interventions and Financial Resources	16
3.	ASA/FHI Management and Staffing	14
4.	Products and Materials Produced This Quarter	17
5.	Major Activities Planned for the Next Quarter	18
	Abbreviations Used in the Report	20
	Attachment 1: Subprojects Completed this Quarter	
	Attachment 2: Subproject and Achievements to Date	

## **1. INTRODUCTION**

Indonesia's agenda to reduce HIV/AIDS infections among injecting drug users received a significant boost this quarter thanks to a high level policy orientation visit to the Netherlands in October. The Indonesian participants returned with a commitment to build effective coordination among the relevant government agencies and to address the need for legislative amendments to create an enabling environment for policy changes. Above all, the tour demonstrated clearly to the visitors that a pragmatic approach in the context of a less repressive policy on illicit drug use need not lead to an increase in drug use, but can have a significant impact on reducing levels of transmission of HIV through injecting.

Another highlight this quarter was an ambitious advocacy program in Papua in October, organized by the provincial KPAD and ASA, aimed to engage the public's support and involvement in preventing the further spread of HIV/AIDS and breaking down the stigma associated with the virus. Prompted by the need for urgent action, the week-long program also provided a stimulus for a more effective and coordinated response to HIV/AIDS amongst all relevant sectors in the province, both government and non-government.

After a lengthy gestation period, the National Guidelines on Care, Support and Treatment for People with HIV/AIDS were formally launched to coincide with World AIDS Day in December. Developed by ASA and the MOH, the guidelines will be an invaluable tool for all organizations and individuals involved in the delivery of services for HIV positive people, and should help in efforts to ensure that minimum standards of care are met.

## **2. PROGRAM IMPLEMENTATION AND ACHIEVEMENT**

This section outlines the activities that have been implemented in support of each of the five key result packages (RP) during this quarter.

### **RP1: Increased Risk Reduction Behavior and Practices**

Several members of the BCI team attended an FHI-ARO workshop in Chiang Mai, Thailand, from 8 to 12 December. Participants explored ways in which BCC could be integrated into other components of HIV programs, such as surveillance, and care and support. In line with the shift in approach towards expanded coverage introduced over the last year, revisions were made to the BCC Manual and Strategy Implementation Handbook to reflect the updated strategies. Participants were also asked to compile useful pointers and advice for the forthcoming 'Life Raft'—a manual specifically for BCI officers in the Asia region.

#### **1.1 Female Sex Worker Peer-led Interventions and Client Interventions**

As noted above, the approach to BCI has shifted significantly over the last year. Aware that the previous approach was not achieving the coverage needed, ASA has made considerable efforts this year to scale up delivery through repeated group contact and mass communication, particularly to reach clients and other people who are most at risk of exposure to HIV.

The target groups of the NGOs undergoing Basic Outreach Skills Training in Palembang and Surabaya this quarter reflect this shift in approach. In Surabaya, 25 outreach workers from NGOs working with waria, MSM, street children and people living and working in and around the port area took part in the training from November 17 to 21. In Palembang, those who took part in the training the following month (2–6 December) will eventually be working principally with female sex workers and men who buy sex.

The training modules used during these courses have been undergoing revision to take account of new developments and strategy shifts. These have, for the most part, already been incorporated into the training but are not yet written into the modules. In the process, steps will also be taken to make the modules more accessible and easier for trainers to use.

### ***Uniformed Services***

The TOT for the Peer Leadership Program for the uniformed services in September was the first full trial of the specially designed training modules and materials, and naturally uncovered a number of gaps and areas needing clarification. Much of this quarter was therefore spent revising and expanding the training modules to make them more focused and easier to use. Several new IEC items were also developed over the quarter (see below).

The development of a peer educator network among the armed forces and the police will take a further step forward in January, when the recently trained trainers will begin working with prospective Peer Leader Trainers. These trainees will then begin to train Peer Leaders in March.

Plans were also made this quarter to disseminate the results of the Behavior Surveillance Study (BSS) among the uniformed services to commands in Papua, Ambon and Riau in January.

### ***IEC Material Development***

A series of focus group discussions held on December 10 and 11 with military and police personnel, as well as the BSS carried out earlier the year amongst the uniformed services, indicated that information needs and typical behaviors vary widely between the three branches of the military and the police. To accommodate this, IEC materials are being developed specifically for each.

New IEC materials were also developed for the workplace program. As well as brochures and posters, a series of large panels were produced for eye-catching displays at health fairs and exhibitions.

In response to demand from several NGOs, the ‘reproductive organs’ apron developed some years ago by ASA’s predecessor, HAPP, is being revived. It will also be used in the peer education training program for the police.

Various types of IEC materials for VCT were in development over the quarter, including VCT counseling materials, VCT counselor training modules (translated from the FHI modules), and the VCT rapid assessment report.

## **1.2 Prevention Marketing**

The talk show format has proved to be a useful medium for disseminating HIV/AIDS information among the general public, and in particular in breaking down some of the taboos and dismantling the myths surrounding the subject. Between September and December, ASA sponsored a series of ten talk shows aired on private television stations Lativi, RCTI and TransTV. The viewer ratings for each show were measured by AC Nielsen and several were very satisfactory. They did, however, highlight the fact that some of the stations have a much narrower reach than others, and this will be taken into account when deciding on the placements for the next phase of the campaign. Each show featured respected, influential speakers—Dr Tarmizi Taher and Dr Broto Wasisto, among others—and brief quotes from these people will be edited together to make a public service announcement (PSA) that will be broadcast on TV either before or after the forthcoming TV campaign featuring the reworked PSAs from the aborted 2003 campaign.

The storyboards for this new campaign were presented to Dr Haikin Rachmat, head of CDC, in December. Each of the new PSAs is introduced and concluded by Dr Tarmizi Taher, lending the new campaign greater credibility and religious acceptance than the previous one.

Lembaga Pers Dr Soetomo continued its program of regular meetings for journalists to encourage more accurate and in-depth reporting on issues related to HIV/AIDS. Among the topics discussed this quarter were harm reduction, which included a visit to observe community-based harm reduction activities in Kampung Bali; reporting BSS results; and GIPA. While the program has not yet yielded any investigative articles, it has succeeded in raising interest in HIV issues among participants from the mass media community.

ASA collaborated with UNAIDS on a program of media coverage to coincide with World AIDS Day. This included a special 16-page supplement in the Media Indonesia daily and discussion of various HIV/AIDS issues on Metro TV's morning show.

World AIDS Day was also marked by a week-long exhibition at one of Jakarta's leading shopping malls, Plaza Senayan. ASA was invited to take part, along with Komite Kamanusiaan Indonesia, Yayasan Pelita Ilmu, Yayasan AIDS Indonesia, the Indonesian Red Cross, and UNAIDS. In keeping with the World AIDS Day theme of ending stigma and discrimination against people with HIV/AIDS, photographs from the 'Faces of AIDS' exhibition were displayed, and various IEC materials were distributed.

## **1.3 Strategies Targeting MSM**

While strenuous efforts have been made to improve the reach and coverage of prevention messages, most behavior change strategies have had, at best, limited success. In many cases, however, the key may be found within the target communities themselves. At the BCI workshop in March 2003, ASA Technical Unit staff were introduced to the concept of Positive Deviance—the idea that, within a community of sex workers, for example, there will be some people who successfully negotiate condom use with their partners while others, with ostensibly the same knowledge and in the same circumstances, do not. If the unique strategies they use for positive outcomes can be identified, these strategies could be promoted among their peers.

The BCI team received further input on positive deviance on November 17 from Miranda Wilkinson of Save the Children, and made preparations for a workshop for ASA staff and selected NGOs working with the waria community in January 2004, which will be facilitated by Jerry Sternin of Tufts University. One NGO will then be assigned to carry out a positive deviance pilot program among the waria community in Jakarta, which is characterized by a high prevalence of HIV and syphilis. The objective of the pilot will be to see whether it is possible to identify those members of the community who use condoms consistently, find out what motivates them to do so, and then use this knowledge to mobilize a change in the social norms of the community as a whole.

Last September, samples of the safer sex package—condoms packaged together with lubricant and prevention messages—were distributed among MSM and waria through NGOs in Jakarta, Bandung, Surabaya and Malang. At the same time, recipients were given a questionnaire in which they were asked to indicate, among other things, whether they would buy such packages if they were retailed through regular channels. The results of this survey are now being processed and will be passed on to DKT as an indicator of the scope, if any, for mass production and marketing of the packages.

#### **1.4 Strategies Targeting IDU**

With injection drug use being the most rapidly rising cause of HIV transmission in Indonesia, the need to secure high level support for comprehensive measures to minimize the harm resulting from injecting illicit drugs is a high priority. This agenda was furthered significantly by the Policy Orientation Visit to the Netherlands which took place from September 27 to October 5. The visit offered senior policy makers, including the Commissioner General Togar Sianipar, Head of BNN, several members of the DPR, and Dr Tarmizi Taher to meet senior law enforcement, criminal justice, and public health officials and observe at first hand successful, integrated, long-running programs for injecting drug users.

The visit contributed to a recognition that programs aimed at reducing injections and ensuring safe injection practices does not expand the number of IDU. As well, the team was able to observe the importance of a well coordinated approach and the need for a less judgmental perspective. It has also provided the impetus for the establishment of a number of working groups, including the Jakarta Team to Reduce Drug Related Harm. It is likely that the visit will also help accelerate progress on the finalization of terms of reference for implementation of activities under the MOU signed between the BNN and the Coordinating Minister for Social Welfare, and witnessed by the President at the time of her speech on HIV on December 8. This MOU will also provide the legal basis for the piloting of HIV prevention initiatives.

Initiatives to promote an integrated approach to preventing HIV/AIDS transmission through injection drug use are also continuing at the provincial and district levels. In July, the University of Chicago, in collaboration with CHR-UI and ASA, began a program of capacity building for this purpose among government sectors and NGOs. The training, funded by the World AIDS Foundation, continued during this quarter in Medan (October 1–4) and Surabaya (October 15–18).

One of the outcomes of this capacity building is the development of a community epidemiology network. With working groups set up so far in Bali and DKI Jakarta (under the KPAD) and Surabaya (under the BPNA—the provincial agency for the prevention of

drug abuse and AIDS), data on HIV and illicit drug use will be collected and presented at periodic meetings to get a clearer perspective of the nature and extent of the problem in each area. ASA facilitated a meeting of the Jakarta working group at the DKI Jakarta KPAD on November 5.

In October, 18 outreach workers from CHR-UI attended ILOM refresher training in Pelabuhan Ratu, West Java (October 8–10), while 16 participants from Yayasan Galatea underwent similar training in Medan from October 27 to 31. The training was followed by an advocacy meeting between Yayasan Galatea, the North Sumatra KPAND (the provincial AIDS and narcotics commission) and representatives of three other NGOs working in this field.

In Bandung, sixteen outreach workers from Yayasan Bahtera underwent refresher training on November 18 and 19, and a new SA was developed for an ethnographic study of IDUs in the area. The study will be conducted by staff of STKS (College of Social Welfare Studies) and coordinated by Yayasan Bahtera. This will be similar to the study being undertaken in Surabaya by Airlangga University.

As the WHO-funded methadone maintenance therapy pilot in Jakarta and Bali comes to the end of its funding period, attention is turning to how such programs can be scaled up. ASA funded a group of officials from MOH, BNN, the Drug Dependency Hospital (RSKO), and Sanglah Hospital, as well as two ASA staff, to attend a Training Workshop on Methadone Treatment for HIV/AIDS Prevention, jointly organized by UNAIDS and the Red Ribbon Foundation in Hong Kong from October 21 to 24. Among other things, the workshop looked at best practices for methadone maintenance treatment and how to enhance its effectiveness in harm reduction. This topic was taken up again in a meeting on December 12, organized by RSKO and IHPCP, to discuss the scaling up of substitution therapy by distributing methadone through more accessible community health centers.

A Workshop on Scaling Up Prevention of HIV/AIDS Transmission through IDU was held at the NAM (Non-Aligned Movement) Center, Jakarta, on December 16 and 17. Facilitated by Dr Broto Wasisto, Expert Adviser on Drug Use to the Minister of Health, the event brought together representatives from six priority provinces as well as CDC, the Ministry for Social Welfare, BNN, the KPA, Yayasan Pelita Ilmu, IHPCP, and ASA. Speakers included Nick Croft of CHR and WHO's Global Coordinator for Harm Reduction Andrew Ball. The workshop generated much useful discussion which will contribute to the development of the cooperation between BNN and the Coordinating Minister for Social Welfare.

A new strategy to leverage the effectiveness of outreach workers will be initiated in Surabaya in January. Staff and outreach workers from Yayasan Talenta took part in a workshop (December 3–5) to introduce the 'coupon system' which provides incentives to speed up the process of conducting outreach to injecting drug users. If successful, other NGOs may be encouraged to adopt the scheme.

## **1.5 Strategies Targeting People in Prisons**

The working group on HIV/AIDS in prisons met on October 23 to discuss progress on plans to provide behavior change interventions, peer education and VCT services in prisons and detention centers.

This agenda was furthered considerably through a study tour to New South Wales, Australia to observe this state's response to HIV/AIDS and drug use in prisons. ASA supported the participation of eight officials from BNN, MOH and NGOs in the visit, which took place from November 5 to 19. Jointly organized by ASA and IHPCP, the tour afforded participants the chance to see a systematic approach to managing HIV prevention, care and support in prisons, as well as a perspective on the type of policy environment that enables such an approach.

Study tour participants were able to provide valuable input for the development of an appropriate curriculum for prison-based education during a meeting between MOH, IHPCP, and ASA on December 2.

## **1.6 Greater Involvement of People Living with AIDS (GIPA)**

Raising awareness about GIPA was an important component of a week-long program of advocacy activities held in Jayapura, Papua, from October 23–27. PLWHA group Tegak Tegar in collaboration with the provincial KPAD organized a 'Faces of AIDS' photograph exhibition, managed a series of complementary activities, and fielded questions from those attending the exhibition. This is reported in more detail in the 'Advocacy' section under RP4.

Networking among PLWHA in Papua is still at an early stage. A meeting aimed at strengthening the fledgling network was held from October 28 to 31 in Jayapura, and was attended by 28 people. By the end of the meeting, all the participants had a better understanding of the role they can play in HIV/AIDS prevention, and a core team of five people had been established. Among the problems they will have to overcome, however, are a lack of organizational and management capacity and the communication difficulties imposed by the province's size and lack of infrastructure.

Support this quarter was also given to another developing PLWHA network, the Bandung Support Group. Thirteen members of the group underwent peer counseling training from December 14 to 17.

Through ASA's GIPA representative, PLWHA were involved in a 3-day seminar to assess Indonesia's progress on implementing the guidelines resolved at the 2001 UNGASS on HIV/AIDS. The seminar, facilitated by UNAIDS, brought together representatives from MOH, the Ministry of Social Welfare, the KPA, and NGOs working on HIV/AIDS issues. Participants agreed to evaluate Indonesia's commitment on each guideline over the next 6 months before deciding what further action is necessary.

World AIDS Day was commemorated in various ways around the country. In Surabaya, HIV positive people and members of the gay community took part in a 'Miss/Mr



HIV/AIDS' contest, in which contestants were quizzed on their knowledge of HIV/AIDS. Also in the Surabaya, the KPAD organized events at two malls on the theme of breaking down stigma against PLWHA. ASA's GIPA representative also spoke on the same theme at an event in Manado organized by the KPAD.

RP1						
Indicators	Target	Oct	Nov	Dec	Total FY04	
~Outreach and BCI Contacts*	FY04				to Date	
-FSW	18,539	4,924	2,331 <sup>1</sup>	2,099 <sup>1</sup>	9,355	
-IDU	8,000	133	141	211	485	
-MSM	7,463	743	987	3,541 <sup>2</sup>	5,271	
-Clients	1,203,000	108,191	99,058	105,214	312,463	
~Referrals to STI Clinics Made						
-FSW	12,400	993	369 <sup>1</sup>	244 <sup>1</sup>	1,607	
-IDU	37	36	63	69	168	
-MSM	1,500	89	82	212	383	
-Clients	6,800	215	60	262	537	
~Condoms Distributed	2,500,000	54,696	60,152	135,274 <sup>3</sup>	250,122	
~Safer Sex Packages	80,000	-	17,526	21,150	38,676	
~Disinfectant Kits (bleach)	10,000	647	424	482	1,553	
~Media Spots (new)	10	-	-	-	-	
~Persons Trained in BCC	81	-	25	19	44	
~Active PE	Target	Oct	Nov	Dec	Current	
	FY04				Number	
-FSW	500	288	221	215	215	
-IDU	400	83	68	103	103	
-MSM	100	52	101	91	91	
-Clients	100	83	58	45	45	
~Active Condom Outlets	340	232	242	243	243	
Notes:						
* New contacts only						
1. Due to holidays, many brothels were closed						
2. During holidays, there were a greatly increased number of special gay events						
3. Condoms distributed through various events related to World Aids Day in December						

## RP 2: Strengthened HIV and STI Services

### 2.1 Improved STI Diagnosis and Treatment

An STI Prevalence Survey that began in June and was carried out among female sex workers in Jayapura, Banyuwangi, Semarang, Medan, Palembang and Tanjung Pinang finally culminated this quarter in Bitung. During the implementation of the survey, the team, comprising personnel from CDC and LitBangKes (the MOH R&D agency) and ASA, used an innovative approach, providing lab testing for syphilis, gonorrhea, chlamydia and other reproductive tract infections, as well as treatment for those infected. Collaborating with NGOs in each area to recruit the subjects, the teams at all times strictly

maintained anonymity and confidentiality, and generally received a positive response from the women surveyed. The activity was also indirectly a capacity building exercise for the clinics involved, several of which had not previously used such assessment, testing and treatment procedures. The survey incorporated a rapid assessment of risk behaviors, with participants providing information on condom use and types of clients. The data from all seven cities are now being analyzed and the report is expected in February. The results will then be disseminated to the regions throughout the rest of the year.

Clinical training for STI management took place in Medan from December 8 to 13. The 27 participants comprised doctors, nurses, paramedics and administrators from clinics in South Sumatra, North Sumatra and Riau. All except for the participants from Karimun in Riau had taken part in the STI survey, and thus had practical experience; for them, the training focused more on the theoretical aspects of STI management.

In November, the performance of four ASA-supported STI clinics in Tanjung Pinang was evaluated. Three of them were judged satisfactory, and their subagreements will be renewed.

Quality control, through the monitoring of diagnosis accuracy, also continued. The methods used to diagnose cervicitis were judged to be insufficiently specific; other methods are being considered.

## **2.2 VCT, Care and Support**

After two years in preparation, the National Guidelines on Care, Support and Treatment for PLWHA were finally launched by the Minister of Health in December, to coincide with World AIDS Day. Aimed at healthcare and social work professionals, the publication is expected to support a better understanding of the basic principles of care, support and treatment (CST) and help to ensure a higher standard of provision of services to PLWHA. ASA will continue to provide input for the development of the national VCT training modules for medical staff, which will support the implementation of the National Guidelines on Care, Support and Treatment.

Despite increasing recognition on the part of the health and social services sectors of the need for specific support for HIV positive people, numbers of trained HIV/AIDS counselors in Indonesia are still far below what is needed. ASA's support for counseling training is helping to meet some of this demand. Over this quarter, Yayasan Mitra Indonesia (YMI) facilitated training on HIV/AIDS counseling in Batam from October 6 to 12 and in Surabaya from December 16 to 22; 18 participants took part in the Batam course and 20 in the course in Surabaya. Consultant Astrid Wiratna was the master trainer for both these courses. Also in December, 13 people, all of whom are positive, underwent peer counseling training in Bandung, organized by the Bandung Plus Support Group as one of its RRF activities. In addition, ASA continues to play a role in the regular Support Group meetings for Jakarta-based counselors organized by YMI, the last of which was on October 29.

Good case management plays a vital role in ensuring that people living with HIV/AIDS get access to the services and support they need. There is a good level of coordination in

Jakarta, with monthly meetings between the KPAD and the provincial social services agency, but efforts are being made to improve the level of referrals of HIV positive patients, especially to the hospital for infectious diseases (RSPI). To this end, a meeting was held on December 11, which was attended by hospital administrators and representatives from Kios Atma Jaya, Widuri and ASA. The meeting resulted in an action plan for improving referrals between VCT and medical services.

Over the quarter, ASA continued to support skills development for case managers outside Jakarta. Between October 14 and 18, ASA staff facilitated case management networking with NGOs and provincial health and social services agencies in Surabaya, conducting supervisions and facilitating discussions. Similar activities were facilitated by Widuri staff in Jayapura in November and December.

Access to reliable, confidential HIV testing services remains sporadic. The concept and purpose of VCT is still relatively little known in Indonesia, even among healthcare circles. By way of introduction, ASA staff gave a number of presentations on VCT over the quarter. These took place on October 8, for a group of healthcare workers and company medical officers in Batam as part of the ILO workplace program; on November 17, for an association of Catholic doctors in Jakarta; and on December 8 for the Global Alliance. ASA staff also fielded questions and distributed brochures on VCT during the World AIDS Day exhibition at Plaza Senayan, Jakarta, in early December.

ASA's support for VCT is now in its second year. In Jakarta, VCT services are provided by Yayasan Mitra Indonesia, Kios Atma Jaya (specifically for IDU), and PKBI (for waria). However, client numbers are still below target, and new social marketing and advocacy strategies are being explored. New subagreements with NGOs providing VCT, for example, will require all staff to undertake community-based advocacy to promote this service.

The provision of VCT in correctional institutions was discussed at a coordination meeting on HIV/AIDS in prisons on October 23. Representatives from MOH, the Ministry of Justice and Human Rights, WHO, and ASA met to further the plans for an agreement on how to tackle the problem and provide VCT and other services in prisons.

### ***Clinical Care and Treatment***

Since 2002, ASA has been working with CDC to revise WHO's training modules on care, support and treatment (CST) for use in Indonesia. This extensive work including translating and adapting the modules which WHO amended in 2003, continued over this quarter. Once complete, these modules will be used in conjunction with the National Guidelines on Care, Support and Treatment for PLWHA.

The first trial of the modules was carried out with a small group (10 people) of the National Leprosy Training Center (BLKN) staff in Makassar in November, with trainers from CDC, RSPI, ASA and IHPCP. At the request of KPAD Papua, the modules were also trialed with a group of 30 nurses in December (15–20). This was funded entirely by the KPAD.

In its full form, the CST course will comprise 6 days of training on clinical management for doctors, nurses and VCT practitioners, and 6 days on ARV therapy for doctors, nurses and case managers. The trainees will work in teams on various case studies. The first full trial will be held at RSPI in February 2004, after which training will be concentrated on Papua.

Also during this quarter, members of the ASA team gave an orientation to CST for outreach workers working with IDU from Yayasan Bahtera in Bandung and Kios Atma Jaya in Jakarta. This is part of an effort to enhance coordination and encourage a more comprehensive perspective of HIV prevention and support services among people working in the field.

RP2						
Indicators	Target	Oct	Nov	Dec	Total FY04	
~Appearing at clinic	FY04				to Date	
-FSW	12,400	1,507	470 <sup>1</sup>	1,200	3,178	
-MSM	750	27	24	87	138	
-Clients	3,400	192	157	477	826	
~# of PLWHA Receiving Care and Support Services	300	25	25	25	75	
~Clinic Personnel Trained	136	-	-	19	19	
~# of Simple Lab-test Performed						
-FSW	12,400	1,435	458	789	2,682	
-MSM	750	9	13	66	88	
-Clients	3,400	153	140	264	557	
~# of VDRL/TPHA Performed						
-FSW	12,400	-	21	1	22	
-MSM	750	-	4	4	8	
-Clients	340	3	3	4	10	
~STI Screenings Performed						
-FSW	24,800	1,435	458 <sup>1</sup>	789 <sup>1</sup>	2,683	
-MSM	750	9	13	66	88	
Notes:						
1: Due to holidays, many brothels were closed						

### **RP 3: Enhanced Capacity and Quality of Government of Indonesia HIV/STI Surveillance Systems and Their Use of Epidemiological Data in Key Decision Making**

#### **Surveillance**

MOH and ASA have been collaborating for several months on the development of national standard operating procedures (SOPs) for sentinel surveillance. These guidelines have now been completed, and they formed the basis of MOH's National HIV

Surveillance Training in Bogor in October, for all provinces. During the course, ASA staff provided training in the use of the HIV Sentinel Surveillance data management software developed by ASA consultant Brad Otto. Feedback from the course will be used to make final adjustments to the SOPs before they are launched early in 2004.

From November 10 to 15, ASA trained more than 30 district-level officials in Papua on Surveillance Data Management and Estimations of Populations at Risk. The first three days of training, attended by district health services personnel, covered HIV sentinel surveillance using the new guidelines, and data management using the new software. For the last two days, the health services staff were joined by staff from other relevant sectors, including social welfare, manpower, and tourism offices, BNP, the police and NGOs to learn how to collate relevant data from all the agencies involved—on numbers of IDUs, waria, sex workers, men buying sex etc.—to produce a series of estimates of the numbers of people at risk in each district.

Similar training will be held in DKI Jakarta and West Java in January 2004. However, experience in Papua indicated that the cross-sectoral agencies were, in some cases, insufficiently prepared to provide the type of data required when they joined the training. One-day meetings were therefore held in Jakarta and Bandung in December to deliver a preliminary overview of the estimation methods and to outline the type of data that would be needed.

In October, BPS Statistics Indonesia organized a 3-day ‘BSS Lessons Learned’ workshop to review the entire process of data collection, entry, processing and analysis for the BSS and to propose improvements. Funded jointly by ASA and IHPCP, the workshop was attended by 40 participants from BPS, MOH, UI, WHO, MOD, IHPCP and ASA, all of whom had been involved at certain stages of the process. The results were presented to several donor agencies, including Unicef, UNAIDS, USAID, AusAID and DKT, and the final outcome is expected to be a 2004 BSS that is much enhanced in terms of both systems and quality.

### **Strategic Planning**

Having received the results of the BSS and disseminated them to local stakeholders, several KPADs are now developing and finalizing strategic plans and work plans. ASA staff provided assistance with this process to the provincial KPAD in North Sulawesi from October 6 to 10 and to the district level KPADs of Lubuk Linggau, Semarang and Tegal.

Among the KPADs that have completed this process are Central Java and DKI Jakarta. This quarter, they introduced their strategic plans to local decision makers—mayors, district heads and provincial parliament (DPRD) members (some 45 people in Central Java and 20 people in Jakarta). The next stage in the process is a review by the respective DPRDs and further consultation with the KPAD where necessary, before the proposed budgets can be approved.

### **Advocacy**

A public advocacy program to highlight the issues surrounding HIV/AIDS in Papua took place in Jayapura between October 23 and 27. The week’s activities included a photo exhibition, seminars and discussions. Three different topics were aired on radio talk

shows: how religious leaders can be involved in tackling HIV/AIDS, how the government proposes to encourage Papuans to see HIV/AIDS prevention and control as a joint responsibility, and how the private sector is contributing to the effort. Each one-hour show, which featured government officials from the relevant sectors and key leaders of regional organizations, attracted a good response and generated much discussion.

A public discussion was held to evaluate 11 years of HIV/AIDS prevention in Papua. Attended by 30 people from all relevant government sectors, NGOs, religious leaders, the local press and the private sector, as well as the Vice Governor of the province, the meeting identified some of the gaps in implementation and determined more appropriate strategies for future efforts.

Increasing the participation of the private sector in Papua was the topic of a seminar aimed at the province's business community. Several of the largest mining companies in Papua, including Freeport, British Petroleum, and Pertamina, took part, as well as Kadin (the local chamber of commerce) and other business organizations, the Ministry of Manpower, IHPCP and UNICEF. Those present declared a commitment to begin HIV/AIDS prevention programs as soon as possible, while encouraging the provincial government to issue a decree on worker education for HIV.

Members of Tegak Tegar from Papua and Jakarta mounted an exhibition of Rio Helmi's photographs of people—mostly from Papua—with HIV/AIDS. It attracted a particularly good response from the military: several hundred military personnel, newly posted to Papua, attended on the orders of their commander. They showed considerable interest and took part in the three question and answer sessions that formed part of the event. The exhibition was augmented by two showings of a film about HIV/AIDS featuring local people.

The local press were engaged through a seminar organized by the Papuan branches of journalists' associations PWI and AJI. Journalists and editors were encouraged to become more actively involved in supplying a positive angle as well as accurate information on HIV/AIDS issues. The seminar was welcomed by local media personnel, who felt that neither NGOs nor the government in the region were sufficiently proactive in engaging the press.

The week was rounded off by a focus group discussion to review all the decisions made during the week's activities. The discussion was directed specifically at how to instill a sense of shared responsibility for dealing with HIV/AIDS throughout the province. This formed the basis for the drafting of a Joint Agreement of the People of Papua on the Prevention and Control of HIV, which will essentially be the operating principles for tackling HIV/AIDS in the province. The agreement will be ratified by all relevant sectors and approved by the Governor, the Provincial Chief of Police and the Regional Commander of the Armed Forces. Following this, the KPAD will disseminate it to all districts, which will then develop plans of action to encourage a community response.

One of the biggest challenges to building an effective response to HIV/AIDS at the local government level is frequent changes in personnel, especially at high levels. In the past, this has disrupted program implementation even where programs are relatively well-

established. In an effort to establish good relations with newly installed officials and ensure continuity, ASA staff made calls on the new Vice Governor of East Java and the new Governor of Maluku. In both places, they introduced HIV/AIDS issues, backed up by the most recent data on prevalence in the province, and explained how the ASA program is supporting HIV/AIDS prevention efforts. In Maluku, programming was delayed for many months while the situation there was volatile; now, with stability improving, the government is able to turn its attention to other matters, including HIV/AIDS. The governor was very receptive and urged the relevant agencies to begin planning and budgeting immediately.

ASA consultant Dr Nafsiah Mboi made several visits to Papua during October and November, advocating to local legislatures to draft legal instruments on HIV/AIDS prevention and education. The provincial DPRD has drafted a Provincial Regulation on HIV/AIDS control and this is now in the consultation process. If passed in its present form, the regulation will cover 100% condom use in sex industry sites and entertainment areas, and HIV/AIDS education (as part of the Life Skills or Reproductive Health curriculum) in schools.

In a related effort, IFPPD under a subagreement with ASA is advocating to other regional legislatures for improved local commitment to tackling HIV/AIDS. With IHPCP, they are currently undertaking a review of all laws relating to HIV transmission risk and care and support—not just at national level, but at the provincial and district levels too. ASA provided funding for a delegation of six DPR members to travel to three districts in Riau to meet local legislators, KPADs, district heads and health services officials. Three years after the introduction of decentralization and regional autonomy, it was clear that the responsibilities of the regions vis-à-vis the center are still confused, and there is a parallel lack of clarity between the KPA and the KPADs.

The team's findings provided input for a round table discussion at the national parliament involving IFPPD and some 25 members of DPR's Commission VII on Health and Population.

Back in Papua, award-winning director Garin Nugroho was assigned by the provincial authorities to make a film that will be used in HIV/AIDS advocacy and education in the province. Both ASA and IHPCP were involved in designing the content of the film.

Film is similarly being used in efforts aimed at boosting the involvement of faith-based organizations (FBOs) in HIV/AIDS prevention and care are continuing. In October, the Fathayat NU organization in Tegal, Central Java, recorded a number of its BCI activities in the community. The film has already been shown to selected audiences and will be used in future advocacy and training activities as an example of the role such organizations can play.

A meeting was held with the Center for Local Government Innovation (CLGI), who are currently undertaking an assessment of good governance in Papua. The outcome of the meeting was that CLGI will share the results of this study with ASA, for reference; CLGI will also explore ways of including HIV/AIDS issues in its work on promoting good governance and community development.

In Surabaya, ASA facilitated the establishment of a small team to work specifically in the Dolly and Jarak sex industry sites following the discontinuation of the subagreement with the NGO that was working there previously. The team, comprising five key officials from the provincial KPAD, will identify potential new partners and orientate them to the area, emphasizing the need to work closely with local communities, brothels and officials; the team will, at the same time, conduct advocacy in the subdistricts concerned to ensure official and community support for future programs.

<b>RP3</b>					
<b>Indicators</b>	<b>Target FY04</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Total FY04 to Date</b>
~Press reports on HIV related Issues	500	44	23	135	202

#### **RP4: Strengthened Capacity of Local Organizations to Plan, Finance, Manage and Coordinate HIV/STI Responses**

Training during this quarter continued to focus on improving financial reporting by ASA's implementing agencies (IAs). Nearly all IAs have now been trained in the simple monthly reporting system developed by ASA's finance team. The majority of them understand the requirements and are producing clear, accurate reports. A few IAs, however, will still need considerable mentoring before they are able to handle basic accounting independently. Between October and December, the team introduced the system to 27 NGOs in Papua, Java, and Sumatra.

##### *Monthly Financial Report Training October–December 2003*

Province	IA	Province	IA
Papua	Dian Harapan Hospital	Riau/Kepri	Yayasan Hanz
	Yaysan Kesehatan		Yayasan Sri Mersing
	Bethesda		Yayasan Kaseh Puan
	YAPEPA		Yayasan AIDS Kepri
	Yayasan Sosial Agustinus	East Java	YayasanAIDS Karimun
	Yayasan Harapan Ibu		Yayasan PAB
	PKBI Jayapura		PKBI Batam
	PMI Sorong		Puskesmas Tuapaya
	YASANTO	North Sumatra	Yayasan Media
	PKR Merauke		Yayasan Talenta
	AESCU LAP		Yayasan Hotline
	MAYTRESAMAD	South Sumatra	Puskesmas Sumber Pucung
	KKW Jayapura		Yayasan Galatea
	YAMIKARI		Lembaga Graha Sriwijaya



<b>RP4</b>					
<b>Indicators</b>	<b>Target</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Current</b>
~# of KPAD with a Strategic Plan	<b>FY04</b>				<b>Number</b>
-Provincial	10	6	6	6	6
-District	37	9	9	9	9
~# of KPAD Members Trained in Advocacy	94	-	-	-	-
~# of KPAD with Written Plans for Advocacy	6	-	-	-	-
~# of IAs Completing Annual Financial Review	86				
~# of IAs Submitting Monthly Financial Reports	111	75 <sup>1</sup>	74 <sup>1</sup>	75 <sup>1</sup>	75 <sup>1</sup>
~# of IAs Submitting Monthly Program Reports	111	73	73	72	72
~# of IA Staff Trained in M&E	222	-	-	-	-
Notes:					
1: Reflects number of active IAs					

## **RP5: Increased Leveraging of Non-Program Programmatic Interventions and Financial Resources**

### **Advocacy and Policy**

ASA continued activities through its partnership with the ILO to mobilize the tripartite constituents—the government, business associations and workers’ organizations—to take action on HIV/AIDS in the world of work. Three-day seminars were held in Batam (October 7–9) and Surabaya (December 16–18) as part of a countrywide program that is aimed at creating a supportive policy environment for a stronger role for government and employers in HIV/AIDS prevention, and preventing discrimination against HIV positive people in the workplace.

While the partners are, in most cases, willing to take immediate action towards improving awareness, prevention and support in the workplace context, all agree on the need for strong leadership, in the form of legislation, from the central government. As part of a working group that includes the Ministry of Manpower, the ILO, UNAIDS, Yayasan Kusuma Buana, IHPCP and the National Occupational Health and Safety Council, ASA has been involved in the drafting of a decree of the Minister of Manpower that will formalize the inclusion of HIV/AIDS in occupational health and safety programs. The latest and, it is hoped, final draft of the new legislation was completed in December. If the draft is accepted, work will begin on drawing up the supporting implementing regulations and guidelines early in 2004.

At the regional level, senior representatives of the business and labor sectors, local and international NGOs, UN agencies and PLWHA came together for the second ‘Business

and Labor Responds to HIV/AIDS in Asia' meeting, held in Bali from December 15 to 17. Guided by the Global Strategy Framework on HIV/AIDS, which followed the June 2001 UNGASS on HIV/AIDS, this meeting of partners from 11 countries sought ways to strengthen Asian business, labor and political leadership on HIV/AIDS, and to develop a framework for strategic cooperation in Asia. ASA shared its experience of facilitating workplace programs in Indonesia and supporting local government, through the KPAD, to become more involved.

Even if measures are taken to improve knowledge and eliminate stigma and discrimination in the workplace, employees who have been infected with HIV or STIs have to face the costs of treatment on their own—they are not covered by insurance programs. ASA has begun to make efforts to engage the insurance industry on this issue. At a seminar on December 12 organized by a private insurance company on the theme of staying healthy into old age, ASA provided information on preventing HIV and the link with drug use. It is hoped that involving and sensitizing insurance companies to HIV/AIDS issues will eventually lead to opportunities to encourage changes in policy.

Following a seminar organized by PKBI in Palembang in the last quarter, the health services there began to mobilize support for workplace education in the province's rubber industry. Some 35 companies were represented at the seminar held on December 3.

More support was mobilized through executive briefings, held this quarter for Propan Raya in Tangerang (October 4), garment industries in Bogor on October 18 and 23, the Bogor branch of Apindo (October 21), Pertamina in South Sumatra (October 17) and four companies in Surabaya.

### **Workplace Training and Education**

ASA continued its collaboration with Global Alliance (GA), an organization that focuses on enhancing worker's knowledge and skills in critical areas, including health. In December, ASA held a one-day TOT for staff from four of GA's delivery partners who facilitate programs at Nike-operated factories in West Java. The training included a chance to observe how Komite Kemanusiaan Indonesia is facilitating HIV/AIDS programs with various companies.

In collaboration with the Maritime Transportation Office, ASA provided basic information on HIV/AIDS for 150 seafarers based at the Muara Angke fishing port in north Jakarta on November 14. During the quarter, training was also provided for employees of RNI sugar mills and Perumnas in Cirebon (October 12), and Media Indonesia (November 14). A group of Metro TV presenters were briefed on November 19 in preparation for a talk show on HIV/AIDS issues.

Cigarette manufacturer PT Gudang Garam, 30 of whose managers took part in a TOT in September, have apparently gotten their HIV/AIDS program off to a rapid start. A follow-up visit to check on progress indicated that program delivery to all workers began immediately after the TOT, initially through their cultural programs—wayang performances incorporating AIDS messages, for example. The HIV/AIDS program is also scheduled to be a component of six large-scale events in 2004.

Several companies, in addition to introducing HIV/AIDS programs internally, are also promoting community-based education on HIV/AIDS and illicit drug use, seeing it as part of their corporate social responsibility to create and maintain a healthy environment. Over this quarter, such events were held by BTN Bekasi (for the second time) on October 5, Unilever (October 11), PT Riki Global Putra in Cibinong (November 8), and Jakarta International Container Terminal in Tanjung Priok (November 16).

<b>RP 5</b>					
<b>Indicators</b>	<b>Target FY04</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Current Number</b>
~ # of IAs Trained in Promoting Private Sector Leveraging	60	-	-	5	5 <sup>1</sup>
~# of Private Sector Firms with Workplace Programs	100	70	71	71	71
Notes:					
1: During this quarter, priority was given to expand number of companies, not yet number of partner NGOs					

### 3. FHI/ASA MANAGEMENT AND STAFFING

During this quarter, efforts continued to strengthen the management of the program.

#### Reorganization

Following considerable discussion with USAID, the Ministry of Health, and FHI Asian Pacific Division (APD, formerly ARO), FHI ASA moved towards finalizing a major reorganization of the program management structure, which will officially be instituted in early January 2004. A Deputy Director for Program and Technical has been recruited, and will be responsible for coordination among the Program Unit, the Technical Unit, and the ASA Provincial Offices. The major changes in responsibilities incorporated into the reorganization are: (1) the Program Unit will focus predominantly on developing an expanded and comprehensive response to HIV/AIDS in each targeted province and district, working intensively with the relevant KPAD and health services; (2) the Technical Unit will focus on providing all necessary technical assistance to the KPAD as well as all partner NGOs, and this will now also include the responsibility of assisting NGOs in proposal development and monitoring the implementation of all subagreements; and (3) the ASA Provincial Offices will report directly to the Deputy Director, Program and Technical. The implications of this reorganization have been thoroughly assessed, and detailed job descriptions for each unit as well as key staff have been developed. The reorganization is expected to provide more responsive management of relationships with both the KPAD and our numerous Implementing Agencies, and a strong quality control mechanism for all program activities.

#### Subproject Development

During this quarter five new subagreements were executed, while four subagreements were completed and 28 subagreements were amended to extend funding for an additional year. This brings the total number of active subagreements to 75. In addition, a total of three Rapid Response Funding proposals were also executed this quarter. Please refer to Attachment 1 for a list of subprojects completed this quarter and Attachment 2 for a comprehensive list of all subprojects and their achievements to date.

### **Monitoring and Mentoring**

As in each previous quarter, monitoring trips were made to all ten target provinces during this quarter. These trips focused on assisting KPADs with strategic planning including the analysis of all relevant surveillance data, and evaluating the performance of those Implementing Agencies whose subagreements were nearing completion in order to facilitate the development of amendments where appropriate.

Efforts have also continued to improve the quality and documentation of site visits by ASA staff. A series of simple checklists are being developed to ensure that all appropriate aspects of implementation are reviewed during each site visit. These checklists should help to reduce the drudgery of reporting while maintaining a complete record of each visit.

The monitoring of the financial management of all subprojects continued as well. All Implementing Agencies have been able to maintain their excellent record of timely and accurate financial reporting. The ASA finance unit has also done an outstanding job in investigating several cases of alleged financial mismanagement, and either provided additional technical assistance to overcome the specific problem or provided the necessary information to senior management to instigate appropriate action.

### **Reporting**

The FHI Institute for HIV/AIDS has developed a comprehensive and detailed list of Global Process Indicators for HIV/AIDS Activities. Data will be collected from all FHI country programs, collated, and then reported to major funding agencies, including USAID. In order to meet the requirements for quarterly reporting on these new indicators, ASA has reviewed and revised the standard Process Indicator Forms, which are used by all Implementing Agencies to report implementation results on a monthly basis. ASA is also developing a mechanism to collect the necessary data from all direct funded activities as well. Since these new Global Indicators are extensive, a hard copy of quarterly results will not be included in this report, but electronic files will be available on request.

### **Audits**

FHI Headquarters has organized an official audit of the FHI/ASA Program by Ernst and Young, which will include site visits to the Manado and Papua provincial offices and audits of subprojects with BPS Statistics Indonesia, the Center for Health Research, University of Indonesia, and Leo Burnett Kreasindo. Although the final audit report is due in early January 2004, preliminary findings indicate that FHI/ASA has done an excellent job of managing program funds and that the management of ASA funding by all three partner organizations has been in line with established international standards.

### **Staffing**

The following changes in staffing were instituted this quarter:

- Joko Siswanto was hired as the Chief Representative for the Province of West Java on November 3, 2003.
- Hudoyo Hupudio was hired as the Deputy Director for Program and Technical on December 1, 2003.
- Dr. Rudi Nuriadi was hired as the Chief, Technical Unit on December 4, 2003.

## **Consultants**

The ASA Program received technical assistance from the following consultants during this quarter:

- Made Efo Suarmiarta and Supriyanto continued to assist with the finalization of the training modules and preparation for the training of peer educators in the uniformed services which is scheduled for mid-January 2004.
- Brad Otto continued to assist with the training in surveillance data management for central and provincial level MOH staff, which incorporates the data management software he developed for the program.
- Mitu M. Prie continued her assistance to our prevention marketing activities, as well as training for Tegak Tegar members in communications and exhibition organization.
- Nur Tjahjo has continued to assist the ASA behavior change team in the development of a wide variety of IEC materials.
- Flora Tanujaya has continued to support the Technical Unit while providing a practical orientation to the new Chief. She has also been active in advocacy efforts with the governor and provincial KPAD in Maluku, and is completing the analysis and drafting the final report of the STI survey among female sex workers.
- Hastuti Setyawati has continued to provide assistance in confirmatory testing of laboratory samples from partner STI clinics.
- Dr. Ade Chandra has been involved in the development and testing of modules, and the training of trainers for the HIV Clinical Management course being developed with the BLKN in Makassar.
- Astrid Wirantna has also continued to assist with the training and mentoring of counselors to provide quality care and support for people living with HIV/AIDS.
- Wahyu Rahadi has continued his important role of assisting the provincial and district level KPAD in Central Java to develop and implement strategic plans for HIV/AIDS prevention, care and support.
- Nafsiah Mboi has continued her assistance through the National AIDS Commission to advocate for a stronger and more practical response to HIV/AIDS at all levels of government, including the DPR.
- Sally Wellesley continues to provide excellent assistance in the preparation of reports.

## **Visitors**

The ASA Program received no international visitors during this quarter.

#### **4. PRODUCTS AND MATERIALS PRODUCED THIS QUARTER**

The following products were produce this quarter:

- Poster: “Fakta Tentang HIV/AIDS” concerning basic information on HIV/AIDS for the general public.
- Brochure: “Fakta Tentang HIV/AIDS” concerning basic information on HIV/AIDS for the general public.
- Poster: “Apakah Narkoba Sudah Menguasi Dirimu?” concerning harm reduction messages for IDU.
- Sticker: “Stop Drugs” concerning harm reduction messages for IDU.
- Sticker: “Steril atau Baru” concerning harm reduction messages for IDU.
- Flier: “Profil Tim Tegak Tegar” concerning background information for the PLWHA group.
- Brochure: “Tegak Tegar” concerning the organization and objectives of the PLWHA group.
- Brochure: “HIV/AIDS is a Business Issue” concerning motivational messages for the private sector (English version).
- Brochure: “HIV/AIDS Juga Masalah Kita” concerning motivational messages for the private sector (Indonesian version).

#### **5. MAJOR ACTIVITIES PLANNED FOR THE NEXT QUARTER**

The major activities that ASA has planned for the next quarter, January to March 2004, include:

- Subageement Development. ASA plans to finalize the large majority of the remaining 37 subagreements planned for FY04 during this next quarter. An additional nine subagreements will also need to be amended during this quarter to provide funding for another year.
- IEC Material Development. Priority will be given this quarter to producing a variety of materials to support STI clinics, volunteer counseling and testing, and the HIV prevention program in the uniformed services.
- The revised prevention marketing TV spots will be aired nationally as soon as approval is granted from the MOH and KPA, together with supporting radio and print campaigns.

- A Workshop on Positive Deviance will be organized for partner NGOs working with waria groups in Jakarta, Surabaya and Bandung from January 19–23, with the technical assistance of Mr. Jerry Stermin.
- Peer Educator Training for three groups from the Uniformed Services in Jakarta will be held from January 14–24, utilizing the modules developed by ASA.
- Dissemination of the Results of the Behavioral Surveillance Study among the Uniformed Services will be organized in Papua (January 13), Ambon (January 16), and Riau (January 26).
- A refresher Training in Basic Outreach Skills for partner NGOs in Medan will be organized in mid-February 2004.
- A Training in Ethnography for Harm Reduction will be held for partner harm reduction NGOs in Jakarta from January 26–27.
- Training in Indigenous Leader Outreach Methodology for new partner NGOs working with IDU will be organized in late February 2004.
- A Workshop on Lessons Learned for all partner NGOs working in harm reduction for IDUs will be organized in early February 2004.
- Guidelines for monitoring of STI clinical management will be developed during the quarter, with site visits to each partner STI clinic beginning in March.
- Based on the experience of the previous trainings, a comprehensive Module for STI Clinical Management Training will be compiled this quarter.
- The results of the STI Survey among Female Sex Workers will be analyzed and the final report written during this quarter, with dissemination following.
- A Training of Trainers in HIV/AIDS Care Support and Treatment will be held in Bogor from January 19–23, with participants from the MOH and BLKN Makassar, followed by a Training for service providers in Jakarta from February 2–7 and Jayapura, Papua from February 16–21.
- Surveillance Data Management Training and Workshops on Estimation of Populations at Risk will be organized for Jakarta and West Java from January 5–9, East Java in mid-February; East and West Kalimantan during late February, and for Riau and North Sumatra in mid-March.
- A National Workshop to Estimate Populations at Risk of HIV/AIDS will be organized in early March.
- Previous questionnaires will be revised and preparations made for the next round of the Behavior Surveillance Survey which will begin in May 2004 in collaboration with BPS Statistics Indonesia and the MOH.

- A serology survey of HIV prevalence among the general population in Manokwari, Papua will be organized in March 2004 in collaboration with British Petroleum and their malaria survey.
- Strategic Planning Workshops for the Provincial KPAD will be held in Maluku from January 26–30, and in West Java in mid-March.
- A Workshop to Introduce HIV/AIDS and establish the district level KPAD will be organized in Manokwari from February 24–27, also in collaboration with British Petroleum.
- Training in the Expanded and Comprehensive Response to HIV/AIDS (ECR) will be organized in Riau for the provincial and district level KPAD in late March, following the translation and adaptation of the FHI ECR Handbook.
- Executive Briefs and Program Development for HIV Prevention in the Workplace will continue throughout the quarter with approximately 15 organizations.
- Health Fairs and other promotional activities will be organized with companies in Tangerang, Bogor, and Cakung.
- Discussions will continue with the KPA, KPAD Jakarta, and the National Business Alliance to strengthen their roles in HIV/AIDS prevention in the world of work.
- An ASA Staff Workshop is planned for February 17–20 which will include discussions of the ASA program reorganization, the improved monitoring and evaluation system, and an introduction to the ECR approach.



## ABBREVIATIONS USED IN THE REPORT

AHRN	Asian Harm Reduction Network
APD	Asia Pacific Division
Apindo	Indonesian Employers Association
ASA Program	<i>Aksi Stop AIDS</i> Program
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BLKN	Balai Latihan Kusta Nasional (National Leprosy Training Center)
BNN	<i>Badan Narkotika Nasional</i> (National Narcotics Agency)
BNP	<i>Badan Narkotika Propinsi</i> (Provincial Narcotics Agency)
BPS	<i>Biro Pusat Statistik</i> (Central Bureau of Statistics)
BSS	Behavior Surveillance Survey
CDC	Directorate for Communicable Disease Control, MOH
CHR	Centre for Harm Reduction, Burnet Institute
CHRUI	Center for Health Research, University of Indonesia
CST	Care, Support and Treatment
Depnaker	<i>Departemen Tenaga Kerja</i> (Ministry of Manpower)
DepSos	<i>Departemen Sosial</i> (Ministry of Social Welfare)
DKI Jakarta	<i>Daerah Khusus Ibukota Jakarta</i> (the provincial-level administrative unit covering Jakarta)
DinKes	<i>Dinas Kesehatan</i> (Province/District Office of MOH)
DinSos	<i>Dinas Sosial</i> (Province/District Office of DepSos)
DPR	<i>Dewan Perwakilan Rakyat</i> (House of Representatives)
DPRD	<i>Dewan Perwakilan Rakyat Daerah</i> (Province or District-level People's Representative Council)
FBO	Faith-based Organization
FHI	Family Health International
FSW	Female Sex Worker
GOI	Government of Indonesia
GIPA	Greater Involvement of People with HIV/AIDS
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IDU	Injecting Drug User/Injection Drug Use
IEC	Information, Education and Communication
IFPPD	Indonesian Forum of Parliamentarians on Population and Development
IHPCP	Indonesia HIV/AIDS Prevention and Care Project Phase 2 (AusAID)
ILO	International Labour Organization of the United Nations
ILOM	Indigenous Leader Outreach Model
Kepri	<i>Kepulauan Riau</i> (Riau Archipelago)
KPA	<i>Komisi Penanggulangan AIDS</i> (National AIDS Commission)
KPAD	<i>Komisi Penanggulangan AIDS Daerah</i> (Regional AIDS Commission)
KKI	<i>Komite Kemanusiaan Indonesia</i>
LPDS	<i>Lembaga Pers Dr Soetomo</i>
MOD	Ministry of Defense
MOH	Ministry of Health

MOJ&HR	Ministry of Justice and Human Rights
MSM	Men who have Sex with Men
MUI	<i>Majelis Ulama Indonesia</i> (Indonesian Council of Ulamas)
NGO	Non-Governmental Organization
NU	<i>Nadhlatul Ulama</i>
P2M	<i>Dit. Pemberantasan Penyakit Menular</i> (Directorate of Communicable Disease Control)
PKBI	<i>Perkumpulan Keluarga Berencana Indonesia</i> (Indonesian Planned Parenthood Association)
PWHA	People With HIV/AIDS
PLWHA	People Living With HIV/AIDS
PSA	Public Service Announcement
RP	Result Package
RRF	Rapid Response Fund
RSKO	<i>Rumah Sakit Ketergantungan Obat</i> (Drug Dependency Hospital)
RSPI	<i>Rumah Sakit Penyakit Infeksi</i> (Infectious Diseases Hospital Subagreement)
SA	Subagreement)
STI	Sexually Transmissible Infection
TA	technical assistance
TOT	Training of Trainers
UI	University of Indonesia
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing
waria	Male transvestite/transsexual
WHO	World Health Organization
YKB	<i>Yayasan Kusuma Buana</i> (Jakarta)
YMI	<i>Yayasan Mitra Indonesia</i>
YPI	<i>Yayasan Pelita Ilmu</i>